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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | | Docket Number (Optional) | |
|---|--|--------------------------------|---------------------|--------------------------|-----------------|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | | 029869.00 | 0002-US01 |
| Application Number 10/520,505 | | | | Filed Jar | nuary 7, 2005 |
| | | | | | |
| For NOVEL COMPOUNDS, PHARMACEUTICAL COMPOSITIONS CONTAINING SAME, AND METHODS OF USE FOR SAME | | | | | |
| Art Unit N/A | | | | Examiner No. | ot Yet Assigned |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | |
| | One mont | th (37 CFR 1.17(a)(1)) | <u>Fee</u> \$120 | Small Entity Fee \$60 | \$ |
| | H | ths (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| | H | nths (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ |
| | = | ths (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ 795.00 |
| | Five mont | ths (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| x Applicant claims small entity status. See 37 CFR 1.27. | | | | | |
| x A check in the amount of the fee is enclosed. | | | | | |
| \vdash | Payment by credit card. Form PTO-2038 is attached. | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | |
| | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0740 I have enclosed a duplicate copy of this sheet. | | | | | |
| | | | | | |
| I am the applicant/inventor | | | | | |
| 3 43 43 5 | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| | х | attorney or agent of record. R | Registration Number | r38,661 | |
| | | attorney or agent under 37 CF | FR 1.34. | | |
| Registration number if acting under 37 CFR 1.34 | | | | | · |
| | /N/MML | | | Monday, February 6, 2006 | |
| | y Signature | | | Date | |
| _ | N. Whitney Wilson | | | (202) 662-6000 | |
| Typed or printed name Telephone Number | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | |
| | Total of | 1 forms are submit | tted. | | |

DC: 2030633-1